

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEES DETERMINATION  | DT       | 8-49   | 8-19-99  |
| O.I.P.E. CLASSIFIER |          | 61588  | 8/23/99  |
| FORMALITY REVIEW    |          | 61588  | 10/22/99 |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date |
|----------|------|
| Final    | 5    |
| Original | 5    |
| 52       | 5    |
| 53       | 5    |
| 54       | 5    |
| 55       | 5    |
| 56       | 5    |
| 57       | 5    |
| 58       | 5    |
| 59       | 5    |
| 60       | 5    |
| 61       | 5    |
| 62       | 5    |
| 63       | 5    |
| 64       | 5    |
| 65       | 5    |
| 66       | 5    |
| 67       | 5    |
| 68       | 5    |
| 69       | 5    |
| 70       | 5    |
| 71       | 5    |
| 72       | 5    |
| 73       | 5    |
| 74       | 5    |
| 75       | 5    |
| 76       | 5    |
| 77       | 5    |
| 78       | 5    |
| 79       | 5    |
| 80       | 5    |
| 81       | 5    |
| 82       | 5    |
| 83       | 5    |
| 84       | 5    |
| 85       | 5    |
| 86       | 5    |
| 87       | 5    |
| 88       | 5    |
| 89       | 5    |
| 90       | 5    |
| 91       | 5    |
| 92       | 5    |
| 93       | 5    |
| 94       | 5    |
| 95       | 5    |
| 96       | 5    |
| 97       | 5    |
| 98       | 5    |
| 99       | 5    |
| 50       | 5    |

| Claim    | Date |
|----------|------|
| Final    | 4    |
| Original | 4    |
| 51       | ✓    |
| 52       | ✓    |
| 53       | ✓    |
| 54       | ✓    |
| 55       | ✓    |
| 56       | ✓    |
| 57       | ✓    |
| 58       | ✓    |
| 59       | ✓    |
| 60       | ✓    |
| 61       | ✓    |
| 62       | ✓    |
| 63       | ✓    |
| 64       | ✓    |
| 65       | ✓    |
| 66       | ✓    |
| 67       | ✓    |
| 68       | ✓    |
| 69       | ✓    |
| 70       | ✓    |
| 71       | ✓    |
| 72       | ✓    |
| 73       |      |
| 74       |      |
| 75       |      |
| 76       |      |
| 77       |      |
| 78       |      |
| 79       |      |
| 80       |      |
| 81       |      |
| 82       |      |
| 83       |      |
| 84       |      |
| 85       |      |
| 86       |      |
| 87       |      |
| 88       |      |
| 89       |      |
| 90       |      |
| 91       |      |
| 92       |      |
| 93       |      |
| 94       |      |
| 95       |      |
| 96       |      |
| 97       |      |
| 98       |      |
| 99       |      |
| 100      |      |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 101      |      |
| 102      |      |
| 103      |      |
| 104      |      |
| 105      |      |
| 106      |      |
| 107      |      |
| 108      |      |
| 109      |      |
| 110      |      |
| 111      |      |
| 112      |      |
| 113      |      |
| 114      |      |
| 115      |      |
| 116      |      |
| 117      |      |
| 118      |      |
| 119      |      |
| 120      |      |
| 121      |      |
| 122      |      |
| 123      |      |
| 124      |      |
| 125      |      |
| 126      |      |
| 127      |      |
| 128      |      |
| 129      |      |
| 130      |      |
| 131      |      |
| 132      |      |
| 133      |      |
| 134      |      |
| 135      |      |
| 136      |      |
| 137      |      |
| 138      |      |
| 139      |      |
| 140      |      |
| 141      |      |
| 142      |      |
| 143      |      |
| 144      |      |
| 145      |      |
| 146      |      |
| 147      |      |
| 148      |      |
| 149      |      |
| 150      |      |

If more than 150 claims or 10 actions  
staple additional sheet here

BEST AVAILABLE COPY

(LEFT INSIDE)